

APPLICATION FOR AMENDED REGISTRATION FOREIGN STATUTORY TRUST

MAILING ADDRESS:

Commercial Recording Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06115-0470
860-509-6003

DELIVERY ADDRESS:

Commercial Recording Division
Connecticut Secretary of the State
30 Trinity Street
Hartford, CT 06106
860-509-6003

Space For Office Use Only		
Filing Fee: \$60.00 Make Checks Payable To "Secretary of the State"		
1. NAME OF STATUTORY TRUST IN ITS STATE OR COUNTRY OF FORMATION:		
2. IF DIFFERENT THAN THE NAME STATED ABOVE, THE NAME UNDER WHICH THE STATUTORY TRUST TRANSACTS BUSINESS IN CONNECTICUT:		
3. STATE OF FORMATION: _____		
4. THE STATUTORY TRUST'S APPLICATION FOR REGISTRATION IS AMENDED AS FOLLOWS:		
5. EXECUTION		
Dated this _____ day of _____, 20____.		
Print or type name of signatory	Capacity of signatory	Signature

Note: If additional space is needed, please reference an 8 1/2 X 11 attachment